



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **COMMUNITY HOSPITAL EAST**
 City of Hospital: Indianapolis
 Year Begin: 01/01/2018 (mm/dd/yyyy format)
 Year End: 12/31/2018 (mm/dd/yyyy format)
 Person Completing the Report: Paul Klassen
 Email Address: pklassenii@ecommunity.com
 Medicare Provider Number: 15-0074

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$760221216	Contractual Allowance	\$1691084774
Outpatient Patient Service Revenue	\$1794460740	Other Deductions	\$13351405
Total Gross Patient Service Revenue	\$2554681956	Total Deductions	\$1704436179

3. Total Operating Revenue	
Net Patient Service Revenue	\$850245777
Other Operating Revenue	\$23139198
Total Operating Revenue	\$873384975

4. Operating Expenses			
Salaries and Wages	\$179062080	Employee Benefits	\$41248125
Depreciation and Amortization	\$20030088	Interest Expense	\$16555737

Bad Debt	\$16583286	Other Expenses	\$390378248
Total Operating Expenses	\$663857564		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$209527411	Total Assets	\$715642097
Net Non-operating Gains over Loss	\$51841	Total Liabilities	\$12730153
Total Net Gains	\$209579252		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1218871095	\$986658554	\$232212541
Medicaid	\$540173846	\$362769140	\$177404706
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$795637015	\$355008485	\$440628530
Total	\$2554681956	\$1704436179	\$850245777

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$757141	\$3429115	\$-2671974
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$6549142	\$23797107	\$-17247965
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$13351405
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3084081	
HCI Payments	\$0		
Subtotal	\$0	\$3084081	\$-3084081
Medicaid Shortfalls	\$139863000	\$153721701	
Subtotal	\$139863000	\$156805782	\$-16942782
DSH Payments	\$37,541,588		
Subtotal	\$177404588	\$156805782	\$20598806
Medicare Shortfalls	\$232212541	\$281559223	
Other Government Programs	\$0	\$0	
Total	\$409617129	\$438365005	\$-28747876

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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